Michigan Department of Community Health
Request for Proposals for Title X Family Planning Grants
Pre-Application Web Cast: June 29, 2006

1. The application says respond to 2006 priorities-while the presentation said 2005. Which Federal priority set should we be working with for responsive to this RFP?

The Federal priorities are actually the 2006 Federal priorities. They are in the RFP document and those are the ones you should incorporate and consider when you're writing your request for proposal application.

2. How quickly will we find out how many other applicants besides ourselves there have been for our county?

When we receive the applications and after we review the applications and determine who will be eligible to provide services, that's when you'll receive notification as to whether you will be selected as a provider or whether someone else in your community will be selected as the provider. Now the intent is that once we have reviewed the applications and selected them that sometime close to the end of December 2006 or January 2007 every agency will be notified the status as to whether they were selected or not.

3. Would you recommend a collaboration between an FQHC and a health department to ensure comprehensive planning?

You're right, we want to encourage collaboration wherever possible and whatever works for your community we strongly encourage. Whatever combination of organizations to ensure that you are able to provide services to all those in need in your community, that just works and we would actually encourage that.

4. Is there a limit on the number of providers in a county?

The number of providers that we will be looking at, we want to assure that there is a minimum number of caseload that's sufficient to provide enough funding for an infrastructure. But there has been no limit set in terms of a maximum number. Of course we have a minimum, we want at least one.

5. If we are the only provider in a county, are you saying that another agency can apply to provide services in our county?

If you're the only Title X provider currently in a county, this is an open competitive process and yes another provider could choose to propose to deliver services in a county that you're already providing if you're a current Title X delegate agency.

6. Can you give more information about a caseload? For example, a county may have listed 2,400 caseload allocation. What type of staffing would be considered adequate for a large caseload?

Obviously you will need provider staffing and most of our Title X agencies have nurse practitioners. You will have to decide in terms of how to deliver the required Title X services, how much time would that practitioner need with each person. Of course you will need clerical and secretarial

support and some agencies also have nurse support to make the most efficient use of their nurse practitioners. So it becomes a little difficult because you do not have a set number of staffing that's required for particular caseloads. However, you may want to converse with other current Title X providers in other parts of the state that may be able to provide you with some advice.

7. Pertinent to the District Health Department RFP responders (i.e., those Local Health Departments that serve clients within multiple counties): Is it likely that MDCH will strive to approve grant funding for ALL counties served by the agency, as opposed to approving grant funding for only SOME of the counties served by the agency?

We will obviously take that into consideration. Local Health Departments being major, major providers in Title X services. We will try not to divide up service areas; let's say if you have two counties you are serving, we will try not to divide up and maybe only award an allocation for one county. But that will really depend on the applications that come in. It's not our expectation to divide up an organization's jurisdiction area. We would try to honor that. (Response edited)

8. Under additional supplemental support you include condom allocation, lab testing, sterilization and colposcopy. However, I do not see long term contraceptive. Is this to be included in the base award or is it no longer going to be supported by MDCH?

Long term contraceptives are a required contraceptive measure. Remember, one of the requirements in the Title X program is that you have to have a broad range of contraceptives available, and currently there are a number of products that women choose and you need to have those available. However we are changing our mode with this RFP and we're not purchasing long-term contraceptives through a bulk purchase process, to provide a supplemental support. Instead if you have noticed, the per person allocation at $155.00 is considerably more than what it has been in the past. In the past, DCH was able to negotiate significant savings in the bulk purchasing process, and so we wanted to encourage the use of long-term contraceptive, support the distribution, more equitable distribution throughout the state. Many of the reasons for doing that no longer exist, so now the expectations are that local providers will purchase their long term contraceptive supply and as a Title X agency you would be able to get the best deals available through the 340B purchasing program and other public purchasing arrangements. So no, there will not be a separate allocation for long-term contraceptive purchases. (Response edited for clarity.)

9. Will you accept our grant caseload as written, or might you reduce our caseload to accommodate other applicants?

One of the things we will be doing is looking at applicants in each geographic area and looking for the most advantage in delivering services in that particular community. There may be some potential adjustments to the application. Remember we said that we can reject or modify or request to negotiate modifying an application either in terms of numbers or as well as in terms of types of services proposed. There is a possibility of negotiating some adjustments.

10. The RFP says that the awards are for FY 07-08 and gives the dates of October 2007 through September 2008. However, FY 07 actually begins October 2006. This is confusing. Please tell me if the grant starts October 2006 or October 2007.

This RFP grant year starts October 1, 2007 through September 30, 2008. I apologize if we mixed up the numbers and have caused confusion, but we really would like you to understand that these

awards will not even be announced until either very late 2006 or early 2007, after which the upcoming fiscal year will have started.

11. Is the data needed for these (Family Planning Annual Report) tables information about a health provider's current patient information or the county data information?

The family planning annual report (FPAR) is a report of services provided in the Title X family planning program. So the applicant agencies for this RFP, their 1st family planning annual report (quarterly report) would not be due until the 1st quarter after they start delivering services. So the data relates to the delivery of services to the clientele within the Title X programs.

12. Can you give more information on what you would expect to see from an advisory committee?

Each program has to have a family planning advisory committee. The details are written out very clearly in the Family Planning Manual so I would suggest you go there for further guidance. In general the committee has to participate in the operational plan and the decision making for the program. It is also the program's method of obtaining community input, and to make sure people who are knowledgeable about family planning services in the community and are knowledgeable about the community in general are giving advice as to how the program should run. In general, they have to meet twice a year, 5-7 members although there can be more. It can be separate from another requirement, which is an Information and Education committee, which needs to review all the informational materials that are used in programs. These committees can either operate separately or can be combined and operate as one function, but they do need to still make sure the materials are reviewed.

13. Is there an electric copy of the MDCH Family Planning Manual available?

The Family Planning Manual is available online at www.michigan.gov/familyplanning. It's the same location that you most likely downloaded the RFP.

14. There are 11 work plan goals required for this RFP. Will information relative to each specific goal and/or suggested activities for each goal be available?

Any background information on any of those topics and the requirements of the program will again be available in the manual. I suggest you read through the manual, the minimum program requirements, and the Federal priorities when you're crafting your goals, and when you're deciding on what your activities and services should be. But really it's going to depend partly on your program, where you are as far as your structure, what needs to be done on your end will also provide a lot of input on what those goals and objectives should be, as well as what needs to be done in your community.

15. Did you say that collaboration with other agencies would assist an RFP to get more points? Can you explain more about what you are looking for in relation to collaboration? Would a regional proposal weigh more heavily than a single county?

What we will be looking for in terms of collaboration is how that collaboration will move forward towards meeting the needs of the citizens in that community. That is what we are primarily looking for. So whatever combination of grouping of providers and support organizations you put together is pretty much open. But the key is that it must demonstrate that such a grouping is going to meet the needs or at least go a long way towards meeting the needs of the citizens in that community.

16. The funding distribution and caseload page did not show Wayne City and the City of Detroit. Can you send that page? Can you please send those numbers? Also, please explain the supplemental lab testing support?

Are you saying that Wayne County and City of Detroit data is not on the funding page you have? I'm going to make that assumption. We will go back and look on the website and make sure those charts are complete. The city of Detroit is listed at the very end, not in alphabetical order mixed in with the counties. The counties are all listed first, then the city of Detroit. Wayne is listed as a county. There is no allocation for the city of Wayne.

Supplemental lab testing support question: the Michigan Department of Community Health laboratory provides Chlamydia and gonorrhea testing for the Title X family planning programs. Agencies will be able to send their samples into the lab to have the testing done that's required, and there's no additional charge to the agency as long as you're adhering to requirements. There are multiple ways of supporting those lab tests: one is if their Title X funded, two is if a person is Medicaid or Plan First!, which is the Medicaid waiver program that will be starting July 1st. For that method of payment, our laboratory will be billing Medicaid for those services so your agency again does not have to pay. And then there are also clients who are above 250 percent of poverty, those individuals are expected to have full pay, so perhaps the agency would be charged for those laboratory services in which they will re-coop their costs from the client who is expected to pay full cost. (Response edited for clarity.)

17. Does the Title X delegate agency that has been providing services in the county for years get any preference, more points, for surviving all these years?

One of the things we will be looking for in all the applicants is the demonstration of past performance. So you would be able to demonstrate that you have been able to provide services to this population and to this kind of population. You would be able to demonstrate that you can provide either women's health service, adolescent services, or primary care services, and so clearly if you have a long history of providing services to this population you would be able to portray that in your application. (Response edited for clarity.)

18. Can you identify how the figures (specifically 'Women ages 15-44 >100% Poverty", "Title X Caseload Allocation", "Women 15-44 >185% Poverty", "Plan First! Caseload Minimum" and "Title X and Plan First! Caseload Target" numbers- as reflected in the By County Family Planning Caseload and Funding Distribution for FY 08 document) were determined?

It is our intent to promote an equal distribution of resources to support services in each county and by equal we mean per priority population basis. So the Title X funds were distributed as an allocation based on looking at how many women in the priority population, age 15-44 at 100% of federal poverty level, how many women there are just in our state and then how many women in each county? Then what we did was set a percentage of the priority population for every county. It is our intent to allocate funds to serve that group.

We had the same basic concept when it came to Plan First! minimum targets. Plan First! targets women 19-44 up to 185% of poverty. And I know you probably know this but at the top of that page it says 18-44 and that's a function of demographic data that's only available by 18-44, and that's a pretty close capturing of the same population. So the intent was that Michigan as the grantee, the Title X grantee, it is our intent to promote serving as many women maintaining our numbers, even

serving more than we have in the past. So it was our target to try to serve approximately 200,000 women who are in the Title X program. We deducted the number of women that are being allocated by Title X funds, leaving us with approximately 140,000 women who we want to try and touch up to 185% of poverty. Then we simply distributed that caseload based on each counties proportion of women up to 185% of poverty.

19. Is the $155 full reimbursement additional to other specific service billing? I.E office visit billed and paid for each occurrence, and $155 paid in addition to this service.

Let's separate allocation from reimbursement because they are totally different. The allocations you see on the chart for FY 08 is just that an allocation for Title X dollars. But reimbursement will be based on your agency recording your total cost of delivering services for the number of men and women that you serve. It is every Title X agencies responsibility to capture all sources of alternative revenue, first party payments, fee collection, any third party payments (private or public), any Medicaid payments and then you deduct all of those sources of revenue from your expenses. Leaving you with a balance and that you can then bill against your allocation of Title X funds.

20. Please explain in detail the distinction between Title X and Plan First! clients in terms of caseload and funding priority. How do the two funding categories interrelate in terms of caseload?

The allocation for Title X is an attempt to separate out potential revenue from Plan First!. But as a delegate agency when you are actually reporting your caseload, every person who walks through your door as a Title X delegate agency is counted as a family planning users. So your FPAR report will include all users no matter the payment source. But the Title X allocation is an attempt to distribute the resources based on the women who are not likely to be Plan First! eligible. But that as a Title X delegate agency will not be your only source of funds. And because Plan First! is just getting started in our state in another week or so, we don't really have quite a history on exactly what it's going to mean for delegate agencies, but based on our reports of past history and the number of women 19-44 who would fall into the income category, we expect that a significant proportion of them will become Plan First! eligible. So your total count is every person who walks through the door, but your revenue will be fee collections from clients who are still on sliding scale fee basis, will be public and private third party reimbursement, that includes Medicaid, as well as your Title X allocations.

21. We have a combined Advisory Council for all of our programs, including Family Planning as suggested by CHAP, our accreditation body. Is this okay- we have a subcommittee for Education and Satisfaction Surveys.

It is ok to combine that committee was other programs. Just again insure that they're filling the requirements as laid out in the family planning manual. Make sure that they're involved in the family planning program, reviewing the operation plan, looking at budgets. It sounds like your particular agency has a separate group that might look at the educational information and pamphlets, but if they're not than the larger body can do that as well. So as long as it's meeting the requirements that are laid out in the manual, it's ok if you combine them with the Advisory Council for another program.

22. Please explain how applicants are to ensure and demonstrate that Title X funds are not commingled or integrated with other programs.

Obviously applicants will be delivering other services and it is important that you are able to establish your Title X family planning services that are not integrated with other services. A primary example would be other OB/GYN services, because there is a lot of similarity in terms of staffing, in terms of services that you are providing the clients. You need to be able to clearly demonstrate that your Title X funds are used just for Title X services, and Title X services have a lot of additional administrative requirements, educational requirements and the requirement that anyone who walks through the door no matter what the financial status that sliding fee scales are used for anyone. That is very difficult to prove when you have a single door that brings in a client for your OB/GYN services and family planning services, because when you walk through the door how do you decide if it's Title X or OB/GYN. So the expectation is that you may continue to provide those services in the same facilities but the recommendation generally is that you have a specific time set aside to Title X separate from your GYN services that you may be providing. That will make it easier in terms of staffing time, cost distribution, in terms of services, in terms of overhead, in terms of administration, to be able for Federal auditors and reviewers to come in, sometimes with us, and be able to review an agency's cost that are truly attributed to Title X and no additional costs attributed to Title X. That is particularly important when you have other services that are not Title X appropriate. (Response edited for clarity.)

23. For those agencies currently serving as Title X providers, can you provide guidance on an effective means of accurately estimating which share of those clients will be eligible for Plan First! participation?

Yes, if you are an existing delegate agency, you can look at your FPAR reports from the previous year or even if you want to go back two years. Most of you, your numbers are, there's enough similarity in one year that you probably could do that. Your FPAR report tells you your client's age grouping, number of Plan First! women must be from 19-44 years old, and then you can also estimate your potential clients based on the income distribution of your client. Now the FPAR report doesn't tell you your clients distribution age compared to income but you will be able to project knowing that, lets say 80% of your clients are in the age group 19-44 and if you look at how many of your clients are below 150% of poverty which is what the FPAR data will give you, you can estimate from there. If you are an existing delegate agency and trying to do this projection for the upcoming fiscal year, meaning October 1, 2006 this year, you can contact your consultant to have that discussion around the upcoming FY October 1, 2006, if you need the consultation in terms of projecting for that year. However if it's a projection regarding the RFP you will have to submit your request through the DFCH@michigan.gov (email) or through the fax number, which again is area code 517-335-8822.

24. If our allocation according to your funding plan is 300 less than we usually do, can we see more clients than the allocation and get paid by Family Planning or Plan First!?

The Title X allocation is just that, an allocation. But you will be able to see as many clients as your revenue will support. And remember we're expecting a significant number of the women 19-44 to become Plan First! eligible, of which you would then bill Medicaid increasing your revenue significantly. At least that's our expectation. Significantly supporting your services for a higher number of women that you would be able to serve. As well as if you have your Medicaid revenue, but maybe through promotions designed to expand the number of women you are able to serve, you may get even more women who are not Medicaid eligible, not Plan First! eligible, will have higher income, and who then will contribute to the cost of delivering the services on a sliding fee scale

basis. Remember that those who are above 250% of poverty are expected to be charged the full cost for delivering the services. So we are really expecting you to have a significant increase in other sources of revenue, primarily Medicaid. (Response edited for clarity.)

25. Clients may become Plan First! eligible, but they may prefer to remain a Title X client and not want to become a Plan First! client. It may impact the ability to meet the projected caseload numbers assigned in specific allocations. Any suggestions?

- Let's back track just a little bit. Everyone who walks through the door no matter their mechanism of payment is a Title X client. She has to be delivered Title X services, in the Title X way. Your job as the provider is to try and identify all other sources of reimbursement that may be possible based on your client's eligibility, based on what other insurances she may have, and so a women who is Plan First! would not drop off as a Title X client. She would still be able to come to your agency for services if she so chooses. She would have a choice because if she's now Plan First!, she could go to another Medicaid provider. But there's no reason for her not to remain Title X if she's coming to your agency for services.

26. Please explain more about "allocation." Do we receive the full allocation if we see the required Title X caseload, or does it somehow depend on our expense/revenue situation? Also, when/how are the allocation funds disbursed?

Allocation is just a contract number that says the Michigan Department of Community Health will reimburse you up to this maximum amount, if you meet certain conditions. Those conditions are that you have to have expenses that justify the total amount, you have to meet the 95% of the caseload target, and for this RFP the caseload target will be the Title X target, not your total FPAR target. That is something that is totally different than in the past because of Plan First!. And you have to have your expenses. We will be deducting from your expenses any revenue that you have that relates to delivering Family Planning services for your entire clientele. The allocation will be made available to you starting with your contract year following MDCH financial rules. So October 1, 2007, when you start the new Family Planning program, based on this RFP, that your allocation will be a part of your contract. However on the reimbursement side, totally separate it. On the reimbursement side you will actually bill the Department of Community Health on the financial status report or more commonly called FSR. You'll list your cost based on the budget that you submitted and you'll report all your revenue from all sources and then you will bill the Department the difference.

27. How does the MPHI Accreditation program fit into the selection criteria?

The accreditation process is, for those who are not current providers, how Health Departments are measured as far as their compliance with Title X regulations, that is also (the accreditation process also called the site review process) how non Health Departments are measured, using the same indicators. That is for current providers of those Title X services. So the accreditation process itself will not measure into the RFP process because that is for future services. Anyone that is awarded a grant to serve will become part of that process whether they're a Health Department or non Health Department. (Response edited for clarity.)

28. Why if you're already accredited, do you have to submit an application as a part of this process?

You may be an existing delegate agency before FY 08, starting October 1, 2007. Those awards are not automatically provided to the existing providers. This is a totally competitive process. All

delegate agencies, their contract will end September 30, 2007 and the new year contract will all be awarded based on the applications received through this RFP process. It's like your contract ends and if you wish to continue providing Title X services, continue to be a part of the delegate agency network for Title X Family Planning, you must submit an application to be considered. And this is a federal requirement that occasionally, with more regularity than Michigan is accustomed to, this will be a change you notice over the next few years. Recall that I said that this RFP is definitely for a three-year cycle, with the hope or the potential of extending the awards through an additional cycle. But at some time we will need to do another RFP for total competition for these Title X funds.

29. While you indicate that all clients served are Title X clients, the Plan First! Title X clients are not included in the Title X allocation but are included in the total FPAR numbers. True or False?

That is true. That is very true. The Title X allocation is just a way we were trying to separate a contract number, that you are going to be held to for which the Michigan Department of Community Health using the Family Planning Title X funds for reimbursement purposes. But you are right they are separated on the allocation chart for that purpose.

30. Define a Title X provider please.

The Title X provider will be whoever is the awarded recipients of these grants. As we said in eligible applicants, any public or non-profit health entity, that has experience delivering services to women, experience delivering services to adolescent and experience delivering primary care services. So this RFP will designate who Title X providers are.

31. If you think that a client is eligible for full Medicaid but they only want Plan First! and apply for Plan First!, will the client be denied that by DHS because they are eligible for and should enroll in full Medicaid? This will potentially affect our Plan First! numbers.

This is a Medicaid question but I'm going to venture out on a limb and answer it. Clients have a choice. It is to the client's advantage if she has potential to be full Medicaid eligible, that you would want to encourage her to apply for full Medicaid because she of course will have a full range of Health Care services, not just the limited Plan First! reproductive health services. But it is her choice, if she does not want to apply, you cannot force her to do so. You must not force her to do so either. If she chooses to just apply for Plan First!, she can do that. Medicaid of course, when they receive the application they will see that she has potential for being eligible for Medicaid and they will handle it according to their protocol from there. But she will not be denied access to Plan First!, even if she is opposed and says "I'm really eligible for Medicaid "and she says, "I don't want Medicaid and it is her choice."

32. We see a number of college students who have insurance through their parents. They don't want their parents to know about requested services. Therefore, if we bill insurance, we break confidentiality with our client. What should we do?

Delivering reproductive health services, our primary directive is not to breach confidentiality. If you determine that billing a health insurance provider will break that confidentiality, then of course you have to get a hold of your primary director. College students, I'm assuming most of them are probably 18 or older, so you also have young women 19 and above who are considered adults. And if she is concerned about breaking confidentiality through the billing process, then you will obviously not want to proceed and bill. It is your job as a provider to go after all sources of revenue, but I guess we should make that caveat that client confidentiality is the primary directive.

33. A note of clarification needed on the supplemental lab question: We currently get a limited number of lab slips for Chlamydia and Gonorrhea testing for all Title X clients including Medicaid. Will this continue or will we have unlimited lab availability with the billing of Medicaid and Plan First!?

There will be some changes. Essentially we'll be using the same system as we're using now for distributing labs. That is actually our way of keeping track of the costs of laboratory services. However we have been able to vastly expand your financial support for this area. We will still follow the laboratory recommendations in terms of who needs to receive a Chlamydia or gonorrhea test and it still will not be blanket testing for everyone. We will still follow the protocol but there will be, in fact we've actually doubled our financial resources that will be available to cover the cost. In addition, the laboratory will be able to bill Medicaid for those women who are Medicaid and those who are Plan First!. So the resources available for laboratory have been expanded greatly.

34. Could you clarify; will all of the questions asked and their answers given today be included on the website with any questions asked in the future? As people have had difficulties hearing, it would be nice to have the questions and answers from today in writing.

The web cast is going to be archived on www.michigan.gov/familyplanning website. In addition we will be taking further questions and any questions that aren't answered today at DFCH@michigan.gov. I believe the web cast is going to be clear in the archive, however, if not please e-mail us at DFCH@michigan.gov and let us know, and we will try to write up the questions and answers from today's broadcast.

35. Clarify what payment is received via FSR?

The MDCH FSR is a payment for your contract with the Michigan Department of Community Health. Your contract allocation will be the Title X allocation; it's the first column on the bi-county FY 08 chart. You billing the FSR will tap into that allocation. Your other revenue sources, you must bill for. That is, billing your client if they're first party payers, billing your client's third party payer insurances and billing Medicaid for Medicaid clients and Plan First! clients. So you have a variety of sources of revenue, but your MDCH FSR will tap into the Title X allocation funding.

36. If there is more than one selected agency in a county, how will the State allocate the Title X caseload? On the basis of total FPAR caseload, or some other way?

It's a little difficult to answer that question just yet because you can see some counties have very small numbers and so it would be rather difficult dividing up a small number. But then our large urban areas have very large numbers that perhaps it is inconceivable that one provider would be able to serve such large numbers. So we will have to take every case into individual consideration.

37. Can you be a Plan First! provider and not a Title X provider?

Plan First! is a Medicaid program. All Medicaid providers can provide services to Plan First! clients. That includes private providers who accept Medicaid, that includes Title X providers who must accept Medicaid, that includes Federally Qualified Health Centers who are essentially public Medicaid providers. So the Title X agencies will not be the only Plan First! providers because they're not the only Medicaid providers in the community. Any Medicaid providers can accept Plan First! clients.

38. If you allocate 100 clients to Family Planning and our agency collects insurance and donations and our expenses don't meet the allocation, and if I am real frugal and can see 120 clients for the allocated funding, can I get all of that allocated funding to see the increased number of needy clients in our area, or am I held to just seeing the 100 clients?

OK, I think I understand what's being asked. You said if you able to see 100 clients, which is your allocation, and you're able to see them but all your other revenue sources cover their cost so you don't have any costs to charge against your Title X clients. You would not be able to obviously bill MDCH through the FSR process because you have no expenses that have not been covered. So I would expect that you realize that happened the first month. "Oh I still have all my Title X resources over here, I can really see more than 100 clients" and yes, we want you to bill for it.

39. Please clarify again, is the 95% of contractual caseload mandate for the Title X caseload projection, or for the Title X and Plan First! caseload target?

For this contract year the 95% performance requirement will be based on your Title X caseload only, not your Title X and Plan First! caseload.

40. We have clinics in more than one county. Do we have to submit a separate request for each county? Or can it be a collective request?

We expect only one application from an applicant. You will need to just include a worksheet providing your demographic and health information for each county. So let's say your a District Health Department and you cover six counties. You will submit one application but you will submit six demographic worksheets, one for each county. And you will provide a summary describing the geographic area of each area, as well as a total narrative of the demographics of the population. However, when you write the narrative portions of the application on financial management, clinical; you only have to do that once. So one application per applicant. However, you would need to add additional worksheets providing the data, just the data, for each county you serve. (Response edited for clarity.)

41. Do the full Medicaid clients and others with 3rd party insurance continue to be counted in the Title X allocation as they do now?

Full Medicaid clients and others with 3rd party insurance will be counted in your Title X allocation caseload which is what's in your contract. Plan First! clients are not included in your Title X allocation caseload. However, all clients--full Medicaid, Plan First!, other 3rd party, etc.-- will be counted as part of your Family Planning Annual Report user count. (Response edited for clarity)

42. Is there a page length limit on sections or the overall application? If not, what would be a typical length?

There is not a page limit that has been set for this request for proposals. The typical length is going to vary. Really we would just emphasize that you clearly, completely answer all the components we are asking for. But obviously doing it in as succinct a way as possible so reviewers just have to review what was asked for. The only section that you will have a page limit is the proposal summary, which is limited to two pages.

43. Just one final clarification regarding FSR payments: is it a correct assumption that FSR billing and subsequent payments CAN NOT/WILL NOT exceed the allocation defined by the Plan First! grantee contract?

Applicants do not have a Plan First! grantee contract. Plan First! is a method of payment only.

I'm going to assume the question was regarding the Title X contract. In that case, yes, it is true that your FSR payments will not be more than what is in your contract and that amount will be the allocation that you are awarded at the time you're notified. Do understand that our Title X allocation is subject to change because these are Federal and State sources of funds that have not been allocated though the typical budget process. Our best guess estimate at this time is $9 million being available, so unless something drastically changes and you know the budget process, that's always a possibility. But historically, we have continued with the Michigan State legislature support as well as we have been able to continue receiving your Title X allocation. So we felt like we had pretty strong ground to at least give you a good estimate. But your reimbursement will never be more than your contract allocation. However, on the revenue side that is totally open based on clients who have 3rd party payments and you're billing for the Medicaid and Plan First! clients. There is no limit (minimum or maximum). It's all based on the number of clients you are able to serve and capture the revenue related that support their services. (Response edited for clarity.)

44. Funding follow up question to the Title X client vs. allocation….in other words the dollar amount of our allocation is the limit rather than the client count. Is this correct?

That is correct. The dollar amount is your limit but if you are able to serve more clients, you are not limited to that at all.

45. Currently we serve clients from surrounding counties. Will we be limited to only serve those who reside in our county?

There is no residency requirement. If you've noticed we've said we would like to have services available in every county. However, we cannot restrict your service delivery to those who live in your county. There is no residency requirement, and if a client wants to cross county lines for services, he or she may do so.

46. Assuming that an initial Plan First! grantee "contract" will specify a caseload number and associated allocation amount, will the allocation be reviewed and adjusted (to reflect subsequent increases or decreases in client caseload volumes that occur WITHIN the 3 year contract cycle)?

At this time we're starting with an allocation. This is totally new for all of us and the allocation is a distribution of the target population. It is our intent for each community to try and at least make sure they serve the priority target population. But at the same time it is our responsibility as representatives of the Michigan Department of Community Health to assure that these state and federal funds are used most efficiently. It is not our intent to say that this community has 10 cases but they just have been unable to serve 10 cases. So if there are funds that have the potential to be redistributed, to assure that the target population is served, I'm saying there could be, but I'm not saying that there will, I'm saying there could be some adjustments in the allocation. However, our first line of action would be to assure that the allocation for that community, everything is done that's possible to insure that those individuals are provided services.

47. If a current Title X provider is not awarded the funds, is there a thought as to how patient records and equipment etc, be transferred? Or will equipment stay at the current provider?

Whenever we move from one agency to another currently and planning the future is that we always have to organize a transition plan for services to the client. So as I started earlier that once we notify agencies of who will or will not be recipients of Title X dollars, at that point if there is a change in a service providers in a community, we will start working with both that particular new agency and the current agency to do a transition plan. It varies for each agency as to what occurs with supplies, equipment and how the agency clients are transferred. But here will be an individual plan for each agency if needed for a new agency.

Also, listening to some of the other questions that have come through today, I just want to make a clarification because we have two new activities occurring around Family Planning on top of each other. One is Plan First! and the other one is the Title X Request for Proposal. Remember that Plan First! is Medicaid and it is a method of payment. What we are going over right now is the RFP, and what this means for Title X, we're talking about providers and services provided to clients. As Paulette had mentioned earlier is that looking at it as a 3rd party payer for Title X providers, Plan First! is another method where by you would be able to bill a fee for service for clients to come see your agency.

48. Based on FY 07's Family Planning allocation sheet, MDCH has an estimated revenue amount per user- how was that estimate determined? Your projection is nearly triple our average revenue per Medicaid client.

MDCH submitted a waiver application to the Centers for Medicare and Medicaid. The Medical Services Administration is a MDCH's Medicaid agency. Their actuarial department did projections on Medicaid cost and potential Medicaid savings for the waiver purposes. We used their estimate for the per person potential Medicaid revenue for delivering this limited set of Medicaid services and for the first year their estimate was $148.00 per person.

49. Is it required that services be centralized, or can satellites be set up in local colleges or other sites?

As far as your service area goes and the number of locations that you serve, there would not be any limit to that as long as it met all the regulations as far as serving in a college or any other area and as long as those sites were reported and included in your plan ahead of time.

50. In a follow up to a previous question: Are you saying that Plan First! providers SHOULD NOT anticipate (or expect) that they could receive approval for any expanded caseload and associated allocation dollars within a given 3 year contract cycle? This would then impose a need for Plan First! provider agencies to monitor and assure that (assuming there are no additional funding sources) client volumes don't exceed the caseload volume defined by the contract.

Plan First! are providers and I'm going to take that question from that prospective. Plan First! providers are Medicaid providers. There is no caseload for Medicaid providers. If you deliver services to a Medicaid client or a Plan First! client, you bill Medicaid and there is no number limit at all. Title X providers are Medicaid providers as well. The Title X providers will receive State and Federal funds to deliver a limited number…or actually it's not a limited number but it's a limited dollar amount of services because your reimbursement only goes up to the contract limit. But how many people you serve for those dollars you have a target that you must meet. Ninety-five percent of that target in order to receive your reimbursement through your contract as long as

you have expenses up to 100% of that contract amount. And as a Plan First! provider, or i.e which really is a Medicaid provider, there is no caseload limit.

51. Will the MDCH include a list of registered participants in this web cast? If we are to collaborate on these services, it would allow us to know if someone in our area is interested.

We do have information about those who registered. However, there is a possibility that this is not a closed web cast. There is a possibility of others who we are not familiar with. We will discuss this and if you feel it would be helpful to you to know who the other participants or at least who are listed on the web cast, we could consider posting it on the website. However, I would suggest if you are in a community, part of delivering services from your community is to negotiate, discuss, and contact others in your area that target their services to this population. It is my guess that you probably know who others are that would possibly consider applying for this, remembering that it must be a public or private non-profit agency. So you may have a pretty good idea who in your community may be interested in delivering services already. I would encourage you to contact them to establish that line of communication.

52. If awarded the RFP, how frequently will we have to reapply?

If awarded the RFP, this RFP is for at least a 3-year cycle. So the application process will not be repeated again for at least three years, possibly longer. However, each awardee will have to submit a grant plan every year. But that will be instructions that will be provided to you at a later date as an awardee. But the RFP process, you will see a difference from the past, but it will occur on an occasional basis. At this point we are guaranteeing that as long as we have federal and state funds for delivering Title X services those awarded a contract for delivering services and can rest assured that it will be for a total of three years.

53. I would like to go back to another question before Darin reads off a new question. A little bit of clarification and its somewhat related in terms of a three year funding cycle.

The allocation that is in this RFP for the Title X funds is only a one-year allocation. The Title X program funding formula is a process that we are required and do receive input from our Family Planning Advisory Committee on an annual basis. So exactly how funds will be distributed in years two and three of this funding cycle isn't absolutely known at this point. But because perhaps our Family Planning Advisory Committee made suggestions that they feel would be advantageous to the providers in the Title X network and could have some influence on that. So understand that, yes, there could be some potential tweaking of the allocation in years two and three.

54. Isn't it true that the smaller our Title X caseload, the more a provider is at risk financially? A Plan First! client can go to any provider she wishes, hence the importance of knowing how the state proposes to allocate the Title X caseload within a county.

At this point what we have is a total county allocation. It is typical that in the small counties with small allocations, we do not expect to have a significant number of competitors willing to deliver Title X services. That's not to say that it can't happen but through nearly thirty years of Family Planning services, that has been the case. So in larger counties where the numbers are larger, it can support additional providers then it's based on what that particular provider feels that they can deliver in services. So in terms of risk, you would have the resources that are Title X resources based on your contract so you will know what that potential is and Title X clients can still come through your door and deliver services. You are right that Plan First! candidates, just as Medicaid

candidates before, at this point in time can go to other providers in there community. But historically a number of Medicaid clients have been interested in receiving Title X services. It's probably somewhat related to a woman's ability to choose who her provider is. If she's Medicaid, she is not required to go to her plan or to her assigned provider. In Plan First!, those women will not be part of the plan, and so she will be able to go to any Medicaid provider anywhere in the state.

55. What steps will MDCH take if no adequate or acceptable proposal is received for delivery of Title X services within a given county?

I have to admit that we are always concerned about that. Generally, historically we have had a great success in having a provider in every county. We've had a couple of locations where that has not been true, but we continue to work with, negotiate, encourage providers from an area if that is a problem, and that is a responsibility of the state agency to assure that there is a provider in each area. We do a number if things in terms of negotiating with the Health Department jurisdiction in that area to help us identify a potential provider and so far we have historically been able to find a provider for every county. Perhaps not a provider that is able to serve as many as what has been available. But it is our hope that with much expanded financial support for delivering services, it will make that job much easier to continue to assure that there is a provider in every county.

56. How will the contract address population growth or expansion during the three-year cycle?

I am trying to decide if population growth is the question of general population growth in that area or are you specifically talking about the number of people who identify themselves as receiving services in that Title X community. Let me tell you that in terms of general population we use the most available census data from the 2000 Census, which of course has adjustments. We use the census data from the state demographer to come up with these projections in terms of potential eligible clients. And so in a three year time frame the census data will not have changed that drastically much because the next census is not until 2010. So we don't expect that there would be drastic changes from the statistics that we've used to make these projections. However, if a community in terms of Title X clientele, they find that they were able to more than meet their Title X targets and those individuals are not eligible for Medicaid, are not eligible for Plan First!, then we will need to have a contact. You should contact your consultant who are answering questions here today, and we will need to take a look and work with you to find out and understand what's going on in your community, that a significant portion of your clients are not becoming eligible for Plan First! or Medicaid, increasing your potential for revenue reimbursement through the Medical Services Administration. (Response edited for clarity.)

57. Many of the RFP requirements reference accreditation standards, which this agency has been evaluated and passed…can we simply reference the Accreditation Review or do we need to explain the Minimum Program Requirement (MPR) in detail?

When you prepare your RFP for this grant you should be preparing it as if you were a new provider that does not have any history of having been accredited. Which means that yes, you do need to address each MPR and do the application exactly as it is spelled out in the application, not referencing any previous accreditation process.